

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

19/890066  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5	1		1			
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10	1		1			
11	1		1			
12	1	2	1			
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		1		1		
18	1		1			
19	1		1			
20		1		1		
21		1		1		
22		1		1		
23		1		1		
24		1		1		
25	1		1			
26		1		1		
27		2		1		
28	1		1			
29		1		1		
30		1		1		
31	1		1			
32		1		1		
33	1		1			
34	1		1			
35	1		1			
36		1		1		
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41	1		1			
42	1		1			
43		2		1		
44		1		1		
45		2		1		
46			1			
47			1			
48				1		
49				1		
50				1		
TOTAL IND.			18			
TOTAL DEP.			53			
TOTAL CLAIMS			71			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62				1		
63				1		
64				1		
65				1		
66				1		
67				1		
68				1		
69				1		
70				1		
71				1		
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMDNDMENTS